Editorial : The Last Stop

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We all agree bereavement work should commence before death of the patient. However, to health care workers in certain settings, they would feel absurd and inappropriate to talk about loss of patient especially when the focus of care has not transitioned from cure to palliation. Talking about loss is embarrassing, and may be misinterpreted as abandonment by families.

To doctors, the care for the patient might end as death is certified. To nurses, the care for the patient might end as the corpse is transported safely to the mortuary. Few doctors realise that the dying scene, which includes their act of declaring death, would be part of the vivid memory as the family recalls. Dr. Lerman\(^1\) shared his reflections on the inadequacy of himself and medical training in this aspect as he witnessed the death of his father; and how the junior doctor handled the process. On the other hand, a qualitative study in Bradbury Hospice\(^2\) has reported that involvement of the family in the last office of the deceased, together with the humanistic approach and supportive attitude of nurses were highly appreciated by the bereaved. The bereaved experienced a sense of completeness, a continuation of relationship, fulfillment of responsibility, conveyed messages of gratitude and respect, and enhancement of the acknowledgment of the reality of death.

Most health care workers know little about the experience of the bereaved after the families have left the ward with the corpses. Some relatives may be identified as having needs for bereavement support and being referred. However, the needs of the bereaved while in the mortuary may be overlooked and neglected. Hospital mortuary is a place seldom visited by most hospital staff. It is often situated in a remote corner of the hospital compound, away from the main entrance. Nonetheless, this is the exit of some of our patients who come in through the main door. Though this is the last stop in the hospital for the deceased, this is just the beginning for the bereaved, and may have a significant impact on the subsequent grieving process.

It seems that media has little interest in reporting “good and positive” news about mortuary; and hence the scarcity of reports related as I search for them. However, the down side will always draw attention, no matter how unpopular the topic used to be. In 2001, the UK media reported a striking scene of seven corpses stored in a hospital chapel, draped in sheets. The legs and the face of one corpse were visible. Blames and accountability were focus of discussion. However, the incident had also drawn attention to some of the “neglected” long standing problems, including outdated facilities and design due to under-funding.\(^3\)

In Hong Kong, as in other countries, palliative care workers do have the sensitivity of addressing the concerns of the bereaved during the dying process and beyond. In this issue of Newsletter, Ms Amy Ip and Dr. Antony Leung reported the renovation project of the mortuary in Haven of Hope Hospital. The design of the mortuary has been thoughtfully planned, incorporating themes and symbols to support and aid the bereaved in the process, and possibly facilitates the transformation processes in grief.\(^4\)

It is still a long way to extend this concept to all hospitals, especially the acute hospitals. In Caritas Medical Centre, an acute regional hospital with a Palliative Care Unit, a “Care for the Bereaved” Project is launched to foster the support to the bereaved in acute ward settings.\(^5\) Results from questionnaire survey on 199 doctors and nurses, and semi-structured interview with five bereaved family members gave me (as the Coordinator of the Project) information about the attitude of staff and the relatives, and the gaps in the service. Staff awareness, practical guidelines and information leaflet, education and training, and appropriate physical setting are regarded by staff to be important in promotion of care. Although only five bereaved family members were interviewed, there was a strong voice that respectful handling of the dead body was of paramount importance to them; and that the mortuary condition should be improved to alleviate their distress and grief. What they appreciated most was the chance to give feedback, which they would not otherwise do. Improvement work has been performed, with recommendations from the team, though it is far from full scale renovation. What sheds light is that with the re-development of the hospital, the recommendation by the team of the “Care for the Bereaved Project” is accepted, so as to facilitate the function of the mortuary as a place for expression and containment of emotions.

In the past, and in some of the places in China nowadays, the dead body of the beloved is kept at home for rituals and mourning to take place. This is a vehicle for facilitating grief. In contemporary society, procedures related to handling of dead body and related rituals may hardly fulfill any meaningful and therapeutic functions. Should we not do something before the dead rise up and protest?

References